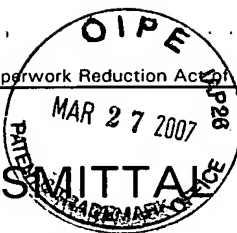


AA 37368
PTO/SB/21 (12-97)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | |
|---|---|---------------------|
| Application Number | 10/009,663 | |
| Filing Date | with an effective filing date of May 15, 2000 | |
| First Named Inventor | Colin DUNLOP | |
| Group Art Unit | 3736 | |
| Examiner Name | Jonathan M. FOREMAN | Fax: (571) 273-8300 |
| Total No. of Pages in this Submission: 16 | Attorney Docket Number | GRIHAC P38AUS |

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard |
|---|---|---|

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

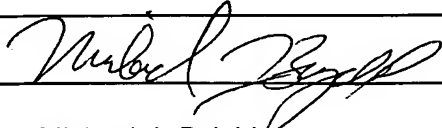
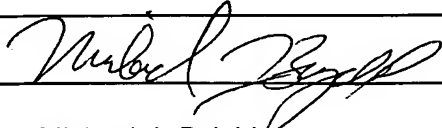
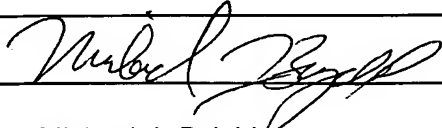
| | | |
|-------------------------|---|--|
| Firm or Individual Name | Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C. | Reg. No. 32,018 CUSTOMER NO. 020210 |
| Signature | | |
| Date | March 22, 2007 | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 22, 2007

| | |
|----------------------|----------------------------|
| Type or printed name | Michael J. Bujold |
| Signature | Date: March 22, 2007 (tac) |

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| <p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4888)</p> <p>FEE TRANSMITTAL For FY 2007</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> | | <p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Application No. Filing Date First Named Inventor Examiner Name Art Unit</p> </td> <td style="width: 50%; vertical-align: top;"> <p>10/009,663 with an effective filing date of May 15, 2000 Colin DUNLOP Jonathan M. FOREMAN 3736</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Attorney Docket No.</p> </td> <td style="vertical-align: top;"> <p>GRIHAC P38AUS</p> </td> </tr> </table> | | <p>Application No. Filing Date First Named Inventor Examiner Name Art Unit</p> | <p>10/009,663 with an effective filing date of May 15, 2000 Colin DUNLOP Jonathan M. FOREMAN 3736</p> | <p>Attorney Docket No.</p> | <p>GRIHAC P38AUS</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|---|--|---|-----------------------------|---|--|----------------|----------|---------------------------|----------|-----------------------|--|--|--|-----------------------------|---|-----|-----|-----|-----|--|--|--|--|-----------------------------|---|-----|----|-------|-------|-----|-----|-----|-----|-----|----|-------|---------|-----|-----|-----|-----|-----|-----|-------|-------------|-----|-----|---|---|---|---|-------|
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| <p>Attorney Docket No.</p> | <p>GRIHAC P38AUS</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>TOTAL AMOUNT OF PAYMENT: \$760</p> | | <p>METHOD OF PAYMENT (check all that apply)</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>FEE CALCULATION</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table> | | | | Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ | Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ | Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ | Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ | Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. EXCESS CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> <p><u>Total Claims</u> -20 or HP = <u> </u></p> </td> <td style="width: 10%;"> <p><u>Extra Claims</u> x <u> </u></p> </td> <td style="width: 10%;"> <p><u>Fee (\$)</u> = <u> </u></p> </td> <td style="width: 10%;"> <p><u>Fee Paid (\$)</u></p> </td> <td style="width: 30%;"> <p><u>Multiple Dependent Claims</u></p> </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td> <p><u>Fee (\$)</u> <u>Fee Paid (\$)</u></p> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> <p><u>Indep. Claims</u> -3 or HP + <u> </u></p> </td> <td style="width: 10%;"> <p><u>Extra Claims</u> x <u> </u></p> </td> <td style="width: 10%;"> <p><u>Fee (\$)</u> = <u> </u></p> </td> <td style="width: 10%;"> <p><u>Fee Paid (\$)</u></p> </td> <td style="width: 30%;"> <p>HP = highest number of independent claims paid for, if greater than 3.</p> </td> </tr> </table> | | | | Fee Description | Fee (\$) | Small Entity Fee (\$) | Each claim over 20 (including Reissues) | 50 | 25 | Each independent claim over 3 (including Reissues) | 200 | 100 | Multiple dependent claims | 360 | 180 | <p><u>Total Claims</u> -20 or HP = <u> </u></p> | <p><u>Extra Claims</u> x <u> </u></p> | <p><u>Fee (\$)</u> = <u> </u></p> | <p><u>Fee Paid (\$)</u></p> | <p><u>Multiple Dependent Claims</u></p> | | | | | <p><u>Fee (\$)</u> <u>Fee Paid (\$)</u></p> | <p><u>Indep. Claims</u> -3 or HP + <u> </u></p> | <p><u>Extra Claims</u> x <u> </u></p> | <p><u>Fee (\$)</u> = <u> </u></p> | <p><u>Fee Paid (\$)</u></p> | <p>HP = highest number of independent claims paid for, if greater than 3.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Each claim over 20 (including Reissues) | 50 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims | 360 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"> <p><u>Total Sheets</u> -100 = <u> </u></p> </td> <td style="width: 20%;"> <p><u>Extra Sheets</u> / 50 = <u> </u></p> </td> <td style="width: 20%;"> <p><u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x <u> </u></p> </td> <td style="width: 20%;"> <p><u>Fee (\$)</u> = <u> </u></p> </td> <td style="width: 20%;"> <p><u>Fee Paid (\$)</u></p> </td> </tr> </table> | | | | <p><u>Total Sheets</u> -100 = <u> </u></p> | <p><u>Extra Sheets</u> / 50 = <u> </u></p> | <p><u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x <u> </u></p> | <p><u>Fee (\$)</u> = <u> </u></p> | <p><u>Fee Paid (\$)</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>4. OTHER FEE(S)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> <p>Other (e.g., late filing surcharge): <u>Official Fee for Notice of Appeal</u> = <u> </u></p> </td> <td style="width: 30%;"> <p><u>\$250</u></p> </td> </tr> <tr> <td> <p>Other (e.g., late filing surcharge): <u>Official Fee for Petition for Three Month Extension</u> = <u> </u></p> </td> <td> <p><u>\$510</u></p> </td> </tr> </table> | | | | <p>Other (e.g., late filing surcharge): <u>Official Fee for Notice of Appeal</u> = <u> </u></p> | <p><u>\$250</u></p> | <p>Other (e.g., late filing surcharge): <u>Official Fee for Petition for Three Month Extension</u> = <u> </u></p> | <p><u>\$510</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>SUBMITTED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"> <p>Signature</p> </td> <td style="width: 40%;"> <p></p> </td> <td style="width: 40%;"> <p>Telephone (603) 226-7490</p> </td> </tr> <tr> <td> <p>Name (Print/Type)</p> </td> <td> <p>Michael J. Bujold</p> </td> <td> <p>Registration No. (Atty/Agent) 32,018</p> </td> </tr> <tr> <td colspan="3"> <p>Date: March 22, 2007</p> </td> </tr> </table> | | | | <p>Signature</p> | <p></p> | <p>Telephone (603) 226-7490</p> | <p>Name (Print/Type)</p> | <p>Michael J. Bujold</p> | <p>Registration No. (Atty/Agent) 32,018</p> | <p>Date: March 22, 2007</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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